

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10826286 FILING DATE _____
APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | | | | | | |
| 2 | | X | | | | |
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| | CLAIMS | | CLAIMS | | CLAIMS | |
|--------------|--------|-----|--------|-----|--------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 51 | | | | | | |
| 52 | | X | | | | |
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| TOTAL IND. | | 2 | | | | |
| TOTAL DEP. | | 26 | | | | |
| TOTAL CLAIMS | | 28 | | | | |